

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

BEST AVAILABLE CO

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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1 (1) ✓	7-16-64
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23 23 0	
24 24 ✓	
25 25	
26 26	
27 27 0	
28 28	
29 29	
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39 39 0	
40 40 0	
41 41 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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